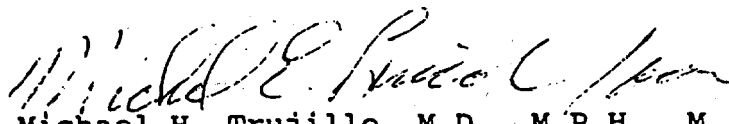


**BACKGROUND**

This is to transmit a copy of the revised ~~Indian Health Manual~~ (IHM) I Part 1, Chapter 1 (IHM 1-1), Indian Health Service Manual System. The number of controlled directives formats available in the Indian Health Service (IHS) has been reduced from eleven to three, and two new Parts in the IHM have been established. The new Parts of the IHM are: Part 6, Services to Tribal Governments and Tribal Organizations, and Part 7, Human Resources Administration and Management.

  
Michael H. Trujillo, M.D., M.P.H., M.S.  
Assistant Surgeon General  
Director, Indian Health Service

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**MATERIAL TRANSMITTED**

The revised IHM 1-1, including the chapter Table of Contents pages i through iii, and Manual Exhibits 1-1-A through 1-1-H.

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**MATERIAL SUPERSEDED**

The IHM 1-1, Transmittal Notice (TN) 91-4, dated October 10, 1991, and Manual Exhibits 1-1-A through 1-1-N, dated October 10, 1991.

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**MANUAL MAINTENANCE**

Remove and discard the current copies of IHM 1-1 (TN 91-4) from your manual system binders and discard. Insert the attached copy of the revised IHM 1-1, including the chapter Table of Contents pages i through iii, and Manual Exhibits 1-1-A through 1-1-H, in its place.

Log and file this TN in sequential order.

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Distribution: PSD 557 (Indian Health Mailing Key)  
Date: 10/30/97

GENERAL

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Chapter 1  
INDIAN HEALTH SERVICE MANUAL SYSTEM

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## GENERAL

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### Chapter 1 INDIAN HEALTH SERVICE MANUAL SYSTEM

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#### 1-1.1, INTRODUCTION

A. Purpose This chapter establishes policies, procedures, and responsibilities for the development of Indian Health Service (IHS) directives and for the administration and maintenance of the IHS manual system.

B. Background The Department of Health and Human Services (HHS) maintains a manual system that provides instruction and information to HHS employees. The HHS manual system is the authoritative source for information on the policies, standards, and procedures that govern the administrative operations, of the HHS. The HHS manual system is composed of the HHS staff manual and the HHS General Administration Manual (GAM)

(1) HHS STAFF MANUALS Each HHS staff manual covers policies and procedure for specific subject matter areas. The HHS staff manuals currently cover the following subject areas

Accounting	Logistics (Material)
Acquisition Regulation (HHSAR)	Management)
Forms Management	Emergency Planning
General Administration Manual	Personnel Instruction
National Security	Grants Policy Directive
Information Manual	Information Resources
Records Management	Management
	Public Affairs
	Safety Management

(2) HHS General Administration Manual The HHS GAM covers administrative subject matter areas that are not covered by the specialized HHS staff manuals. Subject covered by the GAM include:

General	Legal Matter
Conference Management	Mail Management
Employee Organizations	Legislative Affairs
HHS Employee Business Cards	Organizational Changes

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INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.1B(2) continued)

**Subjects covered in the HHS GAM:** (cont'd)

Environmental Affairs	Patents and Inventions
Federal Register	Privacy Act and Freedom
Documents	of Information
Intergovernmental	Report6 Management
Relations	User Charges
International Relations	Misconduct and
Legislative Matters	Criminal Violation6
Claims - Tort and	Management and
Collections	Organization
Uniform Allowances	Correspondence
Policy on Smoking	Agency Agreements
Delegations of	Management of
Authority	Directives

- (3) **Supplements to the HHS Manual System** Agencies may issue supplements to the HHS manuals, and the IHS does 60 to include information specifically applicable to IHS administration and operations. Guidance for supplementing the HHS manual system directives is not covered in this chapter, but may be found in the HHS GAM, Chapter 1-00, HHS Staff Manual System."

- (4) **Supplements to the HHS Manual System Issued by the Office Of the Asastant Secretarv for Health** The Office of the Assistant Secretary for Health' (OASH) was abolished as an organizational entity in 1995, and each of the Public Health Service (PHS) agencies became Operating Divisions (OPDIV) within the Department. Supplement6 to the HHS manual system that were issued by the OASH to interpret and apply Department-wide requirements within the PHS became inoperative, except for the following:
- a. Directives that originated in the OASH for functions that the PHS was designated as the HHS lead agency.
  - b. Commissioned Corps personnel manual system.

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(1-1.1B(4) continued) ,

C PHS Personnel directives that are-being phased into the HHS Personnel Manual

The PHS OPDIVs may continue to use the directive's issued by the OASH until agency-specific policies and procedure<sup>6</sup> are established. Guidance for all other functions above the agency level may be researched in the HHS manual system or other governmental directives.

c. Indian Health Service Manual System The IHS is the Federal agency charged with the responsibility for administering the delivery of health care services to American Indians and Alaska Natives. When higher echelon directives do not provide sufficient guidance for IHS staff, the IHS must develop and implement policies and procedure<sup>6</sup> that contain adequate information to assist IHS employees in carrying out their responsibilities. The IHS manual system serves to assist the decision-making process of IHS staff by defining the parameters within which a decision may be made.

. In September 1993; the President issued Executive Order No. 12861 that directed all Federal agencies to reduce internal regulations by at least 50 percent by the end of fiscal year 1996. Internal regulations were defined by the Office of Management and Budget to be "any agency directive, regardless of what it is called, that prescribes agency policies or procedures - including internal agency acquisition regulations and grant management requirements - that pertain to an agency's internal organization, management, or personnel." The IHS has complied with the requirements of the Executive Order by consolidating subject matter policy and procedure<sup>6</sup> previously issued in several formats into single Indian Health Manual (IHM) chapters or IHS Circulars.

In April 1994, the IHS discontinued development and issuance of directives in the following formats: the IHS Contract Policy Memorandums; the IHS Contract Policy Letters; the Indian Self-Determination Memorandums; the Indian Self-Determination Advisories;

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Chapter 1  
INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.1C continued)

the Headquarters-issued IHS Bulletins; the Community Health Representative Memorandums; the IHS Community Health Representative Advisories and the IHS Data Systems Policy Memorandums.

The IHS directives are issued in the following formats: IHM Chapters; IHS Circulars; the IHS Area Offices' supplements, to the IHM Chapters and the IHS Circulars, and the Director's Special General Memorandums (SGM).

- D. policy. Managers at all levels in the IHS are responsible for ensuring that directives pertaining to their areas of functional responsibility are developed, reviewed, cleared, approved, and distributed in accordance with the requirements of this chapter. Each directive must be kept current and contain appropriate and adequate policy information and procedural guidelines for IHS staff. to effectively perform their duties and responsibilities.

E. **IHS Manual System Responsibilities.**

- (1) ~~Direct Office of Management Support~~. On behalf of the Director, IHS, the Director, Office of Management Support (OMS); has overall responsibility for the directives management program in the IHS. Within the OMS, the Director, Management Policy Support Staff (MPSS), is designated as the Agency Directives and Delegations Control Officer (DDCO), responsible for providing advisory services and assistance to IHS managers for the development, clearance, and distribution of IHS directives.

- (2) ~~Agency Directives and Delegations Control Officer~~. The Director, MPSS, is the principal contact for the Area Directors and Headquarters Office Directors and their designated DDCOs regarding the IHS manual system directives. The Director, MPSS, provides guidance and assistance to IHS staff in accessing the HHS manual system and other Government directives. As the Agency DDCO, the Director, MPSS, is responsible for ensuring that each IHS-issued directive is reviewed and updated



( 1 - 1 . 1 E ( 2 )     c o n t i n u e d ) ,

on at least a biennial basis. This is accomplished with the assistance of the MPSS Management Analysts (MA) who are designated as primary consultants and technical advisors to functional area managers and staff at Headquarters and Area Offices.

The Director, MPSS, periodically assesses the directive issuance process and overall MPSS services.

(3) ~~Management Policy Support staff~~ The MPSS is responsible for providing advisory services related to directives development and issuance to managers and staff at all levels in the IHS. Services of the MPSS include:

- a. Advising functional area managers and staff on the appropriate format for proposed directives from those described in this chapter.
- b. Advising functional area managers and staff of existing directives that require review and consideration for consolidation into a new or revised IHS manual system directive. This includes collaborating with functional area staff to review all information released regarding policy, practices, and activities of the functional area; e.g., directives, memorandums, technical guides, and desk references.

Providing advice and guidance to functional area staff regarding the general rules for writing directives; e.g., sentence structure, detail of information, section declension, and appendices and exhibits selection.

Ensuring that an official review and comment period is allowed for the drafts of proposed IHS directives and advising functional area

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INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.1E(3) continued)

staff during the development of final draft6 of IHS directives.

- e. Establishing and maintaining a system for numbering and controlling IHS directives and for distributing approved and signed IHS directives.
- f. Maintaining a library that includes select HHS and operative PHS staff manuals, the HHS GAM and IHS supplements, and the IHS manual system issuances. Copies of Area office supplements to the Headquarters issuances are obtained from the, Areas upon request by Headquarters functional area managers.
- g. Maintaining the IHS directives repository files.
- h. Periodically evaluating the processes used for distributing directives drafts and final issuance6 to all levels in the IHS. This is accomplished with the cooperation of an IHS wide network of DDCOs.
- i. Providing technical advice and assistance to Area and Headquarters offices DDCOs on services to their respective offices.

- (b) **Area Directors and Headquarters Office Directors**. Each Area Director and each Headquarters Office Director must designate a primary DDCO and at least one alternate DDCO for their organizations. Area Directors should also consult the Directors of each IHS operated service unit (SU) within their Area to designate- an alternate DDCO for each SU or facility. The primary and alternate DDCO designations must be made by memorandum that delineate6 the DDCO duties and responsibilities cited in subsection 1-1.1E(6) of this chapter.

It is recommended that the annual performance plans of each DDCO designee include standards for measuring performance of the DDCO. The duties and

(1-1.1E(4) continued)

responsibilities described in Section 1-1.1(6) below are key functions for a successful IHS directives and delegation6 program.

Area and Headquarters Office Director are responsible for ensuring that appropriate members of their staffs review and comment on all proposed IHS directives. The required reviews may be verified when the Directors sign a memorandum to transmit *comments* received or a "No Comment" report to the Agency DDCO.

- (5) Functional area Managers. Functional area managers are responsible for ensuring that all IHS manual system directive6 related to their areas of responsibility always convey current, appropriate, and accurate guidance for users. During the development of new or revised directives, or the development of IHS supplements to higher echelon directives, the IHS functional area manager6 must ensure that uncontrolled directive6 (memorandums, technical guides, desk references, etc.) that pertain to their functional area activities are reviewed and appropriately incorporated into the new or revised directive. This assists in eliminating duplicate and conflicting policy and procedure information and ensuring that IHS wide policy and practices are incorporated into an appropriate IHS directive format.

The managers of Headquarters functional areas that are designated as Management Control Areas (MCA) under the IHS Federal Managers, Financial Integrity Act (FMFIA) compliance program, may be required to establish Management Control Systems (MCS) and incorporate them into the function related IHS directive. All MCS must be established in accordance with instructions in the IHM, Part 5, Chapter 16, "Management Control systems."

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(1-1.1E continued)

- (6) Directives and Delegations control Officers The DDCOs at all levels in the IHS are responsible for:
- a. Coordinating and implementing the requirements of this chapter for their assigned IHS Area and Headquarters offices.
  - b. Maintaining complete sets of the IHS manual system issuances for their office(s) or functions, i.e., the IHM chapters and Area office supplements, the IHS Circulars and Area office supplements, and the IHS SGMs.
  - c. Ensuring that the appropriate formats are used for directives initiated by managers in the Area or Headquarters offices.
  - d. Timely distribution of all draft directives transmitted by the Agency DDCO for IHS wide review and comment and draft directives prepared at the Area office for Area-wide and Headquarters functional area review and comment.
  - e. Preparing memorandums for the signature of the Area or Headquarters Office Directors to transmit comment received on proposed IHS Headquarters directive to the Agency DDCO, including memorandums indicating "No Comment."
  - f. Directing the local distribution and filing of the IHS manual system issuances, the HHS manual system issuances, the IHS supplements, and Area office issuances.
  - g. Ensuring that the mailing lists for distribution of manual issuances are kept current and that all changes are submitted to the MPSS.
  - h. The DDCOs in the Area offices are the primary contacts in each Area for coordinating and

(1-1.1E(6) continued)

advising staff Area-wide on the procedures for development, revision, or cancellation of Area-issued directives, and for supplementing Headquarters-issued directives. The Area DDCO:

- (i) Ensure that Headquarters functional area manager<sup>6</sup> are given an opportunity to review and comment on proposed Area office supplements to the IHS manual system issuances.
- (ii) Provide support to field technical staff charged as principals in drafting directives for application IHS wide.
- (iii) Maintain an index of all Area-issued supplements to IHS directives.

## 1-1.2 **INDIAN HEALTH MANUAL**

The IHM is the preferred reference for IHS staff regarding IHS specific policy and procedural information. Permanent policies, procedures, and operating standards specific and unique to IHS administrative and program operations are maintained in the seven parts of the IHM. Exceptions to this are when the information is issued as a supplement to an HHS staff manual or GAM chapter. The IHM chapters are generally developed under the direction of an IHS Headquarters functional area manager and staff, with input from managers and functional area counterparts at the Area offices and service units.

Supplements to the IHM chapters maybe developed and issued by the Area offices when additional instructions are required to reflect an Area's particular practices. Supplements issued by the Area office cannot alter the policy established in the issuance<sup>6</sup> from IHS Headquarters, and must be styled in the same format and specifically cite the sections of the Headquarters-issued Chapters that are supplemented by the Area office.

- A. **Authority for Chanters** Only the Director IHS, or his/her designee, may approve and authorize the release

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**Chapter 1**  
**INDIAN HEALTH SERVICE MANUAL SYSTEM**

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(1-1.2(A) continued)

of II-R&chapters. Approval and authorization is indicated by the authorized official affixing his/her signature on the Transmittal Notice (TN) that covers the chapter issuance (see Section 1-1.2D and Manual Exhibit 1-1-A).

The Area Directors or their designees, may approve and authorize the release of Area office supplements to the IHM chapters by affixing his/her signature on the TNs developed by the Area office DDCO.

B. **Parts in the Indian Health Manual.**

- (1) **Part 1 - General** Provides information concerning the IHM, IHS delegations of authority, organization of the IHS, and general information on the administration of the IHS.
- (2) **Part 2 - Services to Indians and Others** Includes chapter6 that establish IHS policies and procedure6 regarding services provided to American Indian and Alaska Native people and eligible non-Indians.
- (3) **Part 3 - Professional Services** Includes the policies, responsibilities, and standards for the IHS direct health care delivery system and recommendation6 for urban and tribal health care delivery program6 funded by the IHS.
- (4) **Part 4 - Staff Services/w Program** Includes chapters that cite the policies; responsibilities, standards, and procedures related to special staff and support services and activities not covered by management service issuances contained in Part 5; e.g., Equal Employment Opportunity/Civil Rights Staff office issuances, issuances pertinent to employee integrity and ethics, and public affairs.
- (5) **Part 5 - Management Services** contains chapter6 regarding the IHS administrative, management, financial, and program support policies,

(1-1.2B(5) continued)

responsibilities, standards, and procedures, except for human resources administration and management.

(6) ~~Part 6 - Services to Tribal Governments and Organizations~~ Includes chapters that convey the administrative guidelines and internal practices to assist IHS staff in providing services and technical assistance to the Areas and tribal governments pertaining to implementation of Title I and Title III of Public Law 93-638 the Indian Self-Determination and Education Assistance Act, as amended.

(7) ~~Part 7 Human Resources Administration and Management~~ Includes chapters that cover the policies, responsibilities, standards, and procedures governing administration and management of the IHS personnel servicing system.

c. IHM Chapter Format The various organizational components of the IHS have diverse missions, organizational structures, and policy/procedural requirements for their operations. This diversity is reflected in the contents of each chapter. (Use this chapter as an example of the required IHM chapter format.)

(1) -The IHM chapters contain some common informational components. To standardize the manual organization and to present the content of each chapter in a logical sequence, the IHM chapters (including revisions and Area office supplements) are structured, to the extent practicable, as follows:

a. General or Introduction.

Purpose - Information to convey the reason for the directive, i.e., to establish or document changes to policy, procedures, and staff responsibilities related to the operations and/or management of a particular IHS functional area.

(i-1.2C(1) continued)

Background

Goals (optional)

Policy statement - Information that defines the methods or courses of action to be taken by IHS staff relative to the subject functional area. The information contained in this section must be written in a present tense active manner, i.e., the IHS does must," or the IHS policy "is". The policy statement should be brief and consistent with internal and external rules and regulations regarding the subject. Lists of activities that are meant to clarify the policy, but which are usually requirements, should be included in the guidance/procedural text of directives.

other General Information as appropriate

b. **Organizational Responsibilities**

**Director** (as advised by the MPSS)

Headquarters Staff

Area Staff

Service Unit Staff

Other Organizational Staff

c. **Procedures.**

Instructions/Standards/Requirements/

Criteria for Management Control/

Quality Assurance Requirements and

Indicators that would be applicable at all levels in the IHS.

Other Informational Guidelines

d. **Appendices/Exhibits.** (See Manual Exhibit 1-1-C for an Example Chapter Appendix/Exhibit Format and Manual Exhibit 1-1-F for an Example Circular Appendix/Exhibit Format)

Supplemental Information, Forms

References materials, etc;



(1.1.2c(1) c o n t i n u e d )

- (i) Appendices An appendix normally contains information that significantly supplements the statements of policy and procedures in the text of an IHS directive. Information in appendices may or may not have been developed by the IHS, i.e., sections of Public Laws, higher echelon and government oversight agency requirements, or segments of another IHS functional area policy/procedure that would apply to the functional area for which the directive is established.

Since the President issued Executive order 12861, it is not appropriate to include oversight agency policy and/or guidelines in their full text as an appendix to IHS directives. Requirements for conformance to higher echelon or oversight agencies' policy and/or guidance must be selectively synopsized in the policy/guidance/procedures section(s) of the IHS directive. Source(s) for copies of the higher echelon or Government oversight, agency guidance or policy must also be referenced within the text of the IHS directive.

The IHM chapter appendices are distinguished from the chapter text by page headers and footers that reflect the IHM part and chapter number, the alpha digit assigned to the appendix, and the appendix page numbers. The IHM chapter appendix page footers include the TN number and date of the TN. The headers and footers alternate on each page of appendices from being flush with the right margin for odd-numbered pages, to being flush with the left margin for even-numbered pages.

(1-1.2C(1) (continued)

- (ii) Exhibits Exhibits include copies of flowcharts, tables, or other graphics that could assist the reader in understanding the policies and procedures, management objectives, and expected outcomes as a result of staff compliance to the requirements in an IHS directive. Exhibits may also illustrate or actually provide templates of forms and formats of reports or correspondence to be used by staff when performing staff work and/or providing services.

The exhibit must be an original production with the issuance (no copies of documents or forms). Functional area managers whose activities require the use of existing standard or specifically designed forms must cite the applicable form numbers and approved dates within the text of the directive. The source(s) for copies of forms must be included in the text of the directive.

The IHM chapter exhibits are distinguished from the chapter text by page headers and footers that reflect the IHM part and chapter number, the alpha digit assigned to the exhibit, and the exhibit page numbers. The IHM chapter exhibit page footers include the TN number and date of the TN. The headers and footers alternate on each page of exhibits from being flush with the right margin for odd-numbered pages, to being flush with the left margin for even-numbered pages.

- (2) Table of contents Each IHM chapter must include a table of contents delineating the titles and numbers of sections and subsections in the text. Exhibits and/or appendices (as allowed by the Agency DDCO) to the chapter must be listed at the end of the table of contents, appendices first.

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(1-1.2C(2) continued)

The lists must include the exhibit or appendix number and title. (See Exhibit 1-1-B for an example of an IHM chapter table of contents'.)

- a. Headers for IHM chapter Table of Contents pages contain the IHM Part title, chapter number, chapter subject, and IHM Part number.

Example:

**General**

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Chapter 1  
Indian Health Service Manual System

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Part 1

"Table of Contents

**Chapter 1 - Indian Health Service Manual System**

**Section**      **Page**

- b. Footers for pages of IHM chapter Table of Contents cite the IHM, date of chapter issuance or update, and the Transmittal Notice number (see Section 1-1.3D). Footer information is single line overscored. Table of contents page numbers are indicated by lower-casesroman numerals centered above the footer line.

Example:

i

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Indian Health Manual

( II )

TN 97-00

- (3) Page Headers and Footers for IHM Chanters  
Headers and footers for the text pages of an IHM chapter must be contained within the 1" left and right margins of the chapter pages.

- a. Chapter page headers convey the IHM part title, page number, chapter number and the chapter title. On odd-numbered pages, the IHM Part title is flush with the left margin and the page number is flush with the right

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Chapter 1  
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(1-1.2C(3) c o n t i n u e d )

margin. On even-numbered pages the IHM Part title is flush with the right margin and the page number is flush with the left margin.

Example of IHM chapter odd-numbered page header:

**GENERAL** Page 1  
Chapter 1  


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Indian Health Service Manual System

Example Of IHM even -numbered page header;

**Page 2** **GENERAL**  
Chapter 1  


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I. INDIAN HEALTH SERVICE MANUAL SYSTEM

- b. **Chapter page footer** information reflects that the page is part of the IHM, the date that the page information was approved for inclusion in the chapter, and the TN assigned by the MPSS. 4 On odd-numbered pages the citation "Indian Health Manual" is flush with the left margin and the TN citation is flush with the right margin. On even-numbered pages the citation "Indian Health Manual" is flush with the right margin and the TN citation is flush with the left margin.

Example of IHM odd-numbered Page footer:

Indian Health Manual ( I I ) TN 97-00

Example of IHM even-numbered page footer:

TN 97-00 ( I I ) Indian Health Manual

- c. **Page Headers and Footers for Area Supplements** Area offices that determine a need to supplement IHM chapters issued by Headquarters must use the same header and

(1-1.2C(3) continued) ,

footer formats as described and illustrated  
above, except the headers include the title  
of the Area office.

Example:

CALIFORNIA AREA	Page 1
<b>GENERAL</b>	<b>INDIAN HEALTH SERVICE</b>
Chapter 1	
<b>INDIAN HEALTH SERVICE MANUAL SYSTEM</b>	

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- (4) chapter Section designations The IHM parts;  
chapters, sections, and subdivisions of sections  
are separated and identified by numeric and alpha  
digits in the following declension and form:

1	IHM Part
1-1	IHM Part and Chapter
1-1.1	IHM Part, Chapter, and Section
1-1.1A	IHM Part, Chapter, Section,
1-1.1A(1)	and Section Subdivisions
1-1.1A(1)a	
1-1.1A(1)a(i)	
1-1.1A(1)a(i)(a)	
1-1.1A(1)a(i)(a)f	

In IHM citations, the word section refers to the first and subsequent levels of breakdown below the chapter level. As a general rule, sections are subdivided and designated only to the extent users of the manual may need to cite a specific subdivision of a section. Each new section of text in an , IHM chapter is indented 5 character spaces to the right of the primary blocked text left margin.

- (5) Text Continued to New page When a section of chapter text is continued to the next page the continuation is noted under the header at the upper left of the page text. The continuation is noted by a series of numbers and alpha digits constructed as follows: parenthesis, IHM part number, dash, IHM chapter number, dot, chapter

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(1-1.2C(5) continued) ,

section, capital alpha digit of the subsection, parenthesis, subsection division number, close parenthesis, double space, the word "continued", close parenthesis; e.g., (1-1.3A(4) continued

- D. Transmittal Notices A TN is a single page document that covers each approved IHM chapter and subsequent revisions to IHM chapters. The TN includes background information on the new or revised chapter, the Director's signature, information on materials that are superseded by the issuance,, and filing and disposition instructions. (See Manual Exhibit 1-1-A for an example of an IHM TN).

Delegations of authority (D/A) are part of the IHM and are transmitted under a TN signed by the Director, IHS. The D/A indexes are exhibits in IHM Part 1, Chapter 5; however, copies of the actual D/A documents are maintained in binders separately from the IHM binders.

The Area Directors, or their designees, may approve and authorize the release of Area office supplements to the IHM by affixing their signature to the TNs developed by Area DDCOs.

1-1.3 INDIAN Health Service Circulars

The IHS Circular format is used to issue temporary IHS policy and/or operating procedures. Information contained in an IHS Circular must be consolidated into an existing or a new IHM chapter within 2 years from the date of issuance; however, it is not a requirement that IHS policies and procedures first be issued in circular format.

- A. The IHS circular format may be used when:

- (1) Specific guidance for an IHS program or administrative function and/or responsibility is required temporarily or would have a limited duration (not to exceed 2 years).

(1-1.3A .continued) , .

(2) Subject matter policy and procedures are being developed incrementally over an extended period of time.

(3) A decision/determination regarding the appropriate IHM chapter in which to incorporate new policy and procedures is not immediately available.

B. Authority. Only the Director, IHS, or his/her designee, may approve and authorize the release of IHS Circulars. The authorization to issue a prepared circular is obtained by the Director's signature on the last page of the IHS circular.

Supplements to the IHS Circulars may be developed and issued by the Area offices when additional instructions are required to reflect an Area's particular practices. The Area office supplements may not alter the policy established in the issuance from IHS Headquarters, must be styled in the same format, and must specifically cite which sections of the Headquarters-issued Circular are being supplemented by the Area. Only an Area Director, or his/her designee, may approve and sign Area office Circulars.

c. Format for Indian Health Service Circulars.

(1) Information Sections. The following information sections are recommended for IHS Circulars issued by Headquarters and Area offices. However, the information contained in IHS Circulars is dependent on the functional area managers' and staff needs for adequately conveying subject matter information and administrative requirements. (See Manual Exhibit 1-1-D for an example of the IHS Circular format.)

a. Purpose - An explanation of the reasons why the Circular is being issued and specific objectives.

b. Background - Includes titles of Public Laws, higher echelon directives, or specific

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INDIAN HEALTH SERVICE MANUAL SYSTEM

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( 1 - 1 . 3 C ( 1 ) ) ( c o n t i n u e d )

requirements for program or administrative activities to meet higher echelon directives, legislative or statutory requirements, etc., that compels issuance of the Circular.

- c. policy- (As available; administrative procedures may be the only information available for inclusion in IHS Circulars pending a policy statement.)
- d. Organizational Responsibilities - Describe the functional areas/managers accountable for successfully overseeing and accomplishing the functions covered by the IHS Circular.
- e. Procedures / Instructions / Operations Info - General information for readers and specific guidance for the functional area staff.
- f. Supersedure - List previously issued controlled and uncontrolled directives that the Circular information is replacing, if any.
- g. Effective Date - Citation of a specific date that IHS employees' compliance to the requirements of the Circular is to begin, usually the date of signature, however, a Circular may be issued in advance of the effective date.

(2) Circular Section Designations Principal sections of IHS Circulars are designated by numerical digits, and paragraphs and subparagraphs within a section are designated by numeric and alpha digits in the following declension and form:

1	Section number
	Section, paragraph
1A(1)	Section, paragraph, sub-paragraph
1A(1)a	sub-paragraph sections.
1A(1)a(i)	
1A(1)a(i)(a)	



GENERAL

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(1-1.3C(2) continued)

- (3) Circular Page Headers and Footers Headers and footers for the text pages of IHS: Circulars must be contained within 1" margins (left, right, top and bottom) on each page.

Only the first page of an IHS Circular contains both a header and a footer. Text pages after the first page, and appendices and/or exhibits to a Circular, have only headers.

- a. The IHS Circular first page header includes the IHS department address, the originating Headquarters office, and the IHS Circular. No.

Example:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE  
ROCKVILLE, MARYLAND 20857    Refer to: OHP

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**INDIAN HEALTH SERVICE** CIRCULAR NO. 9700

---

- b. The IHS Circular first page footer notes the distribution and the date that the Circular is approved and signed by the Director IHS, or his/her designee. This information is inserted under a single overscore line

Example:

---

Distribution: PSD 557 (Indian Health Mailing key)  
Date:

- c. Headers on the second and subsequent pages of IHS Circulars include the Circular page number, IHS Circular number, and the date that the Circular is approved and signed by the Director. The page number citation is flush with the left margin, and the date is flush with the right margin on even-numbered

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Chapter 1  
INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.3C(3) continued)

pages. On odd-numbered pages, the page number citation is flush with the right margin, and the date is flush with the left margin. The Circular number is always centered in each page header line.

Example of IHS Circular even-numbered page header:

**Page 2**      **INDIAN HEALTH SERVICE CIRCULAR NO. 97-00**      ( / / )

Example of IHS Circular odd-numbered page header:

( / / )      **INDIAN HEALTH SERVICE CIRCULAR NO. 97-00**      **Page 3**

- d. **Circular Appendices/ Exhibits** (See Section 1-1.2C(1)d of this chapter for IHS directives' appendices and exhibits text requirements.)

Circular appendices and exhibits are distinguished from the Circular text pages by a header that reflects the Circular No., alpha digit assigned to the appendix/exhibit, the appendix/exhibit page numbers, and date of the appendix/exhibit. The page header information alternates on each page of the appendix/exhibit from being flush with the right margin for odd-numbered pages, to being flush with the left margin for even-numbered pages. (See Manual Exhibit 1-1-F for an example of a Circular Appendix/Exhibit.)

Functional area managers who use guidance or policy and procedures developed in formats other than the IHS manual system directives, and whose activities require the use of existing standard or specifically designed forms, must cite the applicable guidance and form numbers within the text of the Circular.

GENERAL

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(1-1.3C(3) continued)

The sources for copies of the directives and forms must be cited in the text of the Circular.

- e. Page Headers and Footers for Area office.  
Circulars Circulars Area offices' Circulars and supplements to the IHS Circulars must be formatted as illustrated above, except the headers must include the Area office title.

Example of Area Circular supplement title page header:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE      Refer to:

CALIFORNIA AREA

INDIAN HEALTH SERVICE CIRCULAR NO 97-00

Example of title page footer of Area office Circulars and supplements to IHS Circulars:

---

Distribution: California Area Office  
Date

Example of header for the second and subsequent pages of Area office supplements' to IHS, Circulars:

Even-numbered page:

CALIFORNIA AREA  
Page 2 Indian Health Service Circular NO. 97-00 (11)

Odd-numbered page:

CALIFORNIA AREA  
( / / ) Indian Health Service Circular No. 97-00 PZlp.&j

1-1.4 **SPECIAL GENERAL MEMORANDUMS**

The IHS SGMs are for the exclusive use of the Director, IHS, or his/her designee. An SGM is normally used to interpret and/or reiterate existing IHS policy that requires special attention by IHS employees. The SGM format may also be used to announce new policy and/or procedural requirements that must be implemented immediately.

Functional area managers at Headquarters, who determine a need for an SGM are responsible for preparing SGMs and submitting them to the Director, IHS, for signature. Prepared SGMs must be submitted to the Director under a standard action memorandum through the Executive Secretariat and the MPSS. (See Manual Exhibit 1-1-G for an example of an SGM.)

Upon approval and release of an SGM, the agency DDCO designates an MPSS member to contact the appropriate functional area managers to begin incorporating the SGM information into an appropriate IHM Chapter; IHS Circular, or as a supplement to a higher echelon directive.

- A. Authority for SGMs. Only the Director, IHS, or his/her designee, may approve and sign SGMs.

Area Directors are encouraged to establish and maintain a system similar to that of the Director's SGMs for use within the Areas.

8. Format for SGMs The Director's SGMs are prepared in the memorandum format prescribed in the IHS Executive Correspondence Guidelines. As an official IHS directive format, the SGMs are normally prepared as information to all IHS employees; however, on occasion they may be developed for and distributed to select functional area managers and staff.

- C. Control Numbers The Agency DDCO assigns a control number to each SGM upon signature by the Director, IHS, or his/her designee. The control number is configured to reflect the calendar year and sequential number of issuance, i.e., SGM 97-01, SGM 97-02, etc. The SGMs expire 12 months after date of issue, unless otherwise stated in the SGM.

**1-1.5     IHS MANUAL SYSTEM STYLE GUIDELINES**

Functional area managers are responsible for ensuring all final directives and related documents (briefing memorandums, action memorandums, TNS, etc.) that are submitted to the Director for signature are prepared using the Courier font, (not Courier New, Courier Regular, etc.) and allowing 12 typed characters per inch (12 cpi, pt). All directives' text is in standard block style with left print justification only. All margins (left, right, top, and bottom) are set at 1" on each page, including headers and footers.

**1-1.6     DIRECTIVES DEVELOPMENT PROCESS**

- .A\*     **Notification**     Notification Functional area managers at Headquarters should content the Agency DDCO when they recognize the need to develop, revise, or cancel an IHS directive. Area office and other field staff who recognize a need for IHS directives development or revisions should contact the subject functional area manager in the Area office and the Headquarters functional area manager and/or the Agency DDCO.
8.     **Designation of MPSS Assistance**     Upon receipt of notice or request for assistance, the Agency DDCO designates an MPSS MA to be the primary coordinator for advisory and assistance services to functional area staff. The designated MA assists, the functional area manager/staff in developing a workplan, that delineates specific mileposts for completing the directive action. The MPSS MA is available for advice and guidance throughout the directive development and issuance process. The Division of Regulatory and Legal Affairs, OMS, is apprised of the plans for developing or revising a directive and is consulted as required during the directive development process.

Managers at Headquarters whose functional areas are designated as MCAs under the IHS FMFIA compliance program, should first outline or establish an MCS. This could assist in the development of the directive.

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INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.6 continued)

- C. Contracted Directives Development When the development of a directive is contracted, the functional area manager, Agency DDCO, and/or designated MPSS MA meets with the contractor to review the requirements of this chapter. The functional area staff and MPSS MA are jointly responsible for ensuring that the contractors' products meet all requirements of this chapter.
- D. Directives Development Workgroups The number of individuals involved and the period of time necessary to develop a directive varies depending on the subject and complexity of the information/policy statements to be included. Functional area managers and the MPSS acknowledge the importance of current written policies and procedures and ensure expediency in developing and revising IHS directives.
- E. Electronic Copies Copies of drafts and final directives must be submitted to the Agency DDCO in hard copy and on diskette.

1-1.7 CLEARANCE OF US DIRECTIVES

When consensus is reached by the designated MPSS MA and functional area managers/staff that an IHS directive draft is ready for issuance, the draft is submitted for review by the agency DDCO. The designated MA ensures that a printed copy of the document and a diskette containing the table of contents, the directive exhibits, and proposed/approved appendices is submitted to the Agency DDCO.

- A. Headquarters REVIEW AND Comment Period Upon approval by the Agency DDCO, the drafts of IHM Chapters and IHS circulars are transmitted via e-mail to Area and Headquarters offices for a controlled review and comment period. Each DDCO is responsible for ensuring that the electronic documents are forwarded to Area staff, via forwarding of the e-mail message or locally printing, duplicating, and distributing copies to staff/individuals designated in the MPSS MA e-mail message.

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Chapter 1  
INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.7A. continued) ,

The review and comment period for IHM chapters and IHS Circulars is a minimum 20 calendar days from the date the draft is released, and normally does not exceed 45 calendar days. The Agency DDCO may extend the review' and comment period upon the concurrence of the appropriate functional area managers.

(1) The following individuals are extended an opportunity to review and comment on all draft IHM Chapters and IHS Circulars proposed 'by Headquarters functional area managers:

- Area and Headquarters Office Directors
- Area Executive Officers
- Area Chief Medical Officers
- Headquarters West Functional Managers
- Policy support Staff, Office of the Director
- Director, Division of Regulatory and Legal Affairs, OMS
- Service Unit Directors/Health Center Directors.
- Tribal and Urban health program officials
- a Subject Functional Area Managers and Staff at Area offices and Headquarters
- All DDCOs
- All Management Analysts., MPSS
- The IHS Records Management Officer (when directives propose files/records management related instructions that differ from the information contained in IHM Part 5, Chapter 15, 'Records Management.")
- Bargaining unit officials (when directives impact the working conditions of bargaining unit employees)

(2) Exceptions to Review and Comment Period The IHS directives review and comment period may-be shortened or eliminated when:

- a. The Director is formalizing decisions made by IHS Executive Management, the Indian Health Leadership Council of the IHS (the Council), or special committees of the Council. In

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Chapter 1  
INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.7A(2) continued)

such instances it is determined that further discussion or deliberation would unnecessarily defer IHS' compliance with policy and/or procedural changes mandated by Executive Order; the Congress, the Office of Management and Budget, the Governmental Accounting Office, the Office of the Secretary of Health and Human Services, or Federal oversight agencies.

- b. The directives a product of workgroups composed of select IHS functional managers or staff, tribal and/or urban program/organization representatives, 'and/or other Federal agencies, specifically charged by the Director, IHS, to develop and implement management, administrative, or program improvement actions.
- c. Implementation of new, or elimination of outdated or unnecessary, administrative procedural requirements tested and certified by the Administrative Quality Management Council.
- d. There is other urgency for immediate release of directives.

The Director's SGMS usually reiterate information and practice contained in an existing policy directive, or are issued to implement recommendations by the Council and are not released for review and comment prior to signature by the Director, or his/her designee.

- B. Distribution of Draft Area Office Directives for Review  
a n d The Primary DDCO in each Area is responsible for soliciting comments from appropriate managers and staff within their Area, and from the appropriate Headquarters functional area managers Headquarters issued directives are supplemented ; the e n Area-level. Requests for IHS Headquarters reviews must



## GENERAL

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### Chapter 1 INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.7B continued)

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be made through the Agency DDCO, MPSS, OMS. The Area office draft supplementd issuances are transmitted electronically to the Agency DDCO.

'c. **Consideration and Use of Comments and Recommendation**  
The following steps apply during the development of Directives at Headquarters. Area offices should establish timeframes for the Area office issuances process.

- (1) The MPSS and functional area staff, have 45 calendar days in which to review, consider comments and recommendations, and incorporate accepted recommendations into the final draft of the directives. This 45 day period begins the day after the review and comment period ends.

Workgroups charged, by the Director, IHS, or executive level committees may be extended additional time to review comments and recommendations depending on the frequency the Workgroup is able to meet. The extended time lines are established between the Workgroup chair(s), the charging, official, and the Agency DDCO.

- (2) Headquarters functional area managers or the Workgroup must address all concerns and recommendations made by the reviewers during the official review and comment periods. A written report of deliberations on comments and recommendations must be prepared by the functional area manager/staff and must accompany the final draft and action memorandum submitted for clearance by the Agency DDCO. The report includes reasons why any recommendations are not incorporated into the final draft. This written report becomes part of the official record related to the directive.

D. **Transmi** Transmittal of Directives for Signature A final review of all documents to ensure forma; and information requirements are met is conducted by the

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Chapter 1  
INDIAN HEALTH SERVICE MANUAL SYSTEM

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(1-1.7D. continued)

MPSS. The MPSS ensures that the final document is appropriately packaged for Executive review and approval.

Directives packages are submitted to the Director, IHS, under a standard action memorandum, through the IHS Executive Secretariat and the MPSS. Directives that are developed under charge from the Director or other executive level committee are cleared and submitted under action memorandum from that Workgroup or committee.

1-1.8 **CONTROL, DISTRIBUTION, AND FILING OF IHS DIRECTIVES**

Upon signature by the Director, IHS, directives are returned to the MPSS for assignment of control and transmittal numbers. Copies of the directives, regardless of format, are immediately transmitted via e-mail to the Area and Headquarters office DDCOs and Policy Support Staff at Headquarters by the Agency DDCO. The Area and Headquarters office DDCOs are responsible for ensuring that the Area and Headquarters Office Directors, Area Executive Officers, Service Unit/Health Center Directors, subject matter functional area managers, and other individuals within their offices receive electronic or printed copies of the directives. Copies are mailed by the MPSS to tribal and urban health programs included on the Office of Tribal Programs mailing list. A printed copy of signed directives are filed as follows:

- A. **Indian Health Manual chapters** The IHM chapters are filed in binders established for each part of the IHM. These binders are maintained in central locations at the Area offices and at IHS Headquarters offices, and in the Directives and Delegations Library in the MPSS office, IHS Headquarters. The original copy of each chapter and the original of the signed TNs for that chapter are filed in the directives repository file maintained in the MPSS office.
- B. **Indian Health Service Circulars** Copies of the IHS Circulars are filed in binders maintained in a central location at the Area Offices and at IHS Headquarters

(1-1.8B continued)

offices, and in the Directives and Delegations Library in the MPSS office, IHS Headquarters. The original copies of IHS Circulars are filed in the directives repository file maintained in the MPSS office. 1

- C. Special General Memorandums The Director's SGMs are filed in sequential order of issuance in binders. The SGM binders are maintained in central locations at the Area offices and at IHS Headquarters offices, and in the Directives and Delegations Library in the MPSS office, IHS Headquarters. The original copy is filed with charge memorandums, research documents, etc., in the directives repository file maintained in the MPSS office.

1-1.9 **PROCEDURES FOR RESCINDING IHS MANUAL SYSTEM DIRECTIVES.**

- A. Indian Health Manual Chapters Generally, IHM chapters are not rescinded. Information in the IHM chapters is updated by page or the entire chapter may be replaced by an updated chapter. Guidance regarding the disposition of superseded pages or copies of the chapters are included in the TNs. The superseded copies of chapters information and related documents are retained and disposed of by the Agency DDCO in accordance with the IHS Records Disposition Schedule.
- B. Indian Health Service Circulars The IHS Circulars are normally incorporated into existing IHM chapters or transcribed into new IHM chapters. On occasions when an IHS Circular information is rescinded (not incorporated or transcribed into another directive format), or Circular information is updated or revised, an Errata Notice (See Manual Exhibit 1-1-H) is issued regarding the action that contains guidance to the recipients for disposition of their copies of the superseded IHS Circular. The superseded copies of IHS Circulars and related documents are retained and disposed of by the Agency DDCO in accordance with the IHS Records Disposition Schedule.

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(1-1.9 continued)

- C. **Special General Memorandums** The Director's SGMS expire on a specific date cited in the memorandum or on the 120 month anniversary of the date the SGM ; signed. Functional area managers who request that the subject matter of SGMS continue in effect beyond 12 months are required to develop and submit new memorandums for the Director's signature in accordance with the requirements of this chapter. The DDCOs are advised to discard the SGMS on the 1 year anniversary date. Copies of the SGMS are retained and disposed of by the Agency DDCO in accordance with the IHS Records Disposition Schedule.

## EXAMPLE FORMAT - TRANSMITTAL NOTICE

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### TRANSMITTAL NOTICE- INDIAN HEALTH MANUAL tn 97-00

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#### **BACKGROUND**

(Briefly describe the contents of the attached IHM chapter  
or delegation of authority here.)

Michael H. Trujillo, M.D., M.P.H., M.S.  
Assistant Surgeon General  
Director, Indian Health Service

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#### **MATERIAL TRANSMITTED**

(List the information that is actually attached to this TN in the order that it is attached.  
Example: The IHM Part 1, Chapter 1, Indian Health Service Manual System,  
pages 1-37, including Manual Exhibits 1-1-A through 1-1-F.)

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#### **MATERIAL SUPERSEDED**

(List the IHM information that is being replaced by the information attached to this  
TN. If portions of previous IHM chapters or delegations of authority are being  
replaced then list in sequential order the sections, pages, etc., that is being replaced.  
Example: IHM Chapter 1-1, 'Indian Health Service Manual System,' pages 1-28, and  
Manual Exhibits 1-1-A through 1-1-N. TN 91-4. dated October 10. 1991.)

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#### **MANUAL MAINTENANCE**

(List instructions for discarding the information being replaced and filing the new  
information and TN.)

**NOTE:** The Area Offices would use the same TN format except the content  
changes to reflect 1) The Area Office Location (Title) on the first line  
in the header, and 2) the signature block in the '**BACKGROUND**'  
section is changed to that of the Area Director.

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Distribution: (Aberdeen Area, Alaska Area, etc. MPSS cites the IHS Mailing Key)  
Date: (insert the date that the TN is signed)

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TN 97-07  
(10/30/97)

## EXAMPLE ForMAT IHM TABLE OF CONTENTS

### GENERAL

Chapter 1.  
INDIAN HEALTH SERVICE MANUAL SYSTEM

#### Part1

#### Table of Contents

#### Chapte Indian Health Service Manual System

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## EXAMPLE FORMAT - IHM TABLE OF CONTENTS ,

### **GENERAL**

#### Chapter '1 INDIAN HEALTH SERVICE MANUAL SYSTEM

#### Part 1

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#### **Chap\_\_\_\_\_ ( c o n t ' a )**

	Section	page	
IHS Manual System Guidelines.* .....	i-i.5	2	4
Dies Development Process.....	1-1.6	24	
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Manual Exhibit 1-1-C, Example IHS Circular Format			
Manual Exhibit 1-1-D, Example Appendix/Exhibit			
Manual Exhibit 1-1-E. Example SGM			
Manual Exhibit 1-1-F. Example Circular ErraQ Notice			

## EXAMPLE FORMAT - IHM APPENDIX/EXHIBIT

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Manual Appendix/Exhibit 3-22-B  
Page 1 of 1

### HEPATITIS B EXPOSURE CONTROL PLAN

(Please note: This Hepatitis B Exposure Control Plan applies to all Indian Health Service @IS) employees, including those assigned to Public Law (P.L.) 93-638 facilities. The law and implementing regulations apply to the Indian Self-Determination Act, P.L. 93638 and to Title V urban program contractors as employers. Tribal contractors are strongly encouraged to adopt this, plan.)

- I. Purpose. The purpose of the Hepatie B Exposure Control Plan is to minimize employee occupational exposure to blood or body fluids.
- II. Baekground: Hepatitis B virus (HBV) has long been known to cause serious disease in susceptible individuals. The agent that causes the Aquired Immune Deficiency Syndrome (AIDS), the human immunodeficiency virus (HIV) has been discovered only relatively recently.

These and other bloodborne pathogens present occupational risks to healthcare providers. In September 1986, several unions representing hospital and healthcare employees petitioned the Occupational Safety and Health Administration (OSHA) to take action to reduce the risk of exposure. The petition was denied, however, in October 30,1986, the Departments of Labor and Health and Human Services published a , Joint Advisory Notice entitled, "Protection Against Occupational Exposure to Hepatitis B Vii and Human Immunodeficiency Virus. " Then on November 27,1987, OSHA announced its intent to initiate rulemaking to reduce occupational exposure to HBV and HIV. Atter a comment period, OSHA published a Notice of Proposed Rulemaking on May 30,1989.

The OSHA made a preliminary determination that certain employees faced a significant risk of exposure to bloodborne pathogens, and that a variety of control measures could reduce this risk. The final role cited in Title 29 of the Code of Federal Regulations, Subsection 1910.1030 (29 CFR 1910.1030) was issued on December 6,1991, after a lengthy review that included an assessment of the economic feasibility of the standard.

TN 92-00  
(5/00/92)

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TN 97-07  
(10/30/97)



## EXAMPLE - HEADQUARTERS CIRCULAR FORMAT

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Indian Health Service  
Rockville, Maryland 20857

Refer to: OMS

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INDIAN HEALTH SERVICE CIRCULAR NO. 97-00

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### **HEADQUARTERS IHS CIRCULAR FORMAT**

1. **Purpose** To illustrate the proper format for Circulars issued by IHS Headquarters functional areas.

**Format** See IHM Part 1 Chapter 1 Section 1-1.3C for information regarding formatting IHS Circulars. Area Office supplements to the IHS Circulars include the location name of the Area Offices in the header as described in Section 1-1.3C(3). The text of the Circular should be in outline format, double spaced between information sections. Sub-paragraphs should be indented 5 spaces.

**Section** Designations for Circular sections is covered in Section 1-1.3C(2) on page 19 of IHM 1-1.

**SECTION HEADINGS** Titles for the section headings in Circulars should reflect the subject covered in the section. Suggested section headings are included in Section 1-1.3C(1), page 18, of IHM 1-1.

**SUBSEQUENT PAGES** See Section 1-1.3C(3), IHM 1-1, for headers and footers requirements of pages subsequent to the Circular title page.

**Supersede** List all documents that the information in the Circular is replacing.

**EFFECTIVE DATE** Cite the date that the policy/procedures included in the Circular are to be effective. This date is usually the date that the Circular is signed.

Michael H. Trijillo, M.D., **M.P.H., M.S.**  
Assistant Surgeon General  
Director, Indian Health Service

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Distribution: PSD 557 (IndianHealth Mailing Key)  
Date:

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**TN 97-07  
(10/30/97)**

## EXAMPLE - IHS AREA OFFICE CIRCULAR FORMAT

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DEPARTMENT OF HEALTH AND HUMAN SERVICES \  
Public Health Service  
Phoenix Area Indian Health Service  
Phoenix, Arizona 85016

Refer to: OAM

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### PHOENIX AREA INDIAN HEALTH SERVICE CIRCULAR NO. 97-00

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#### EXAMPLE IHS AREA CIRCULAR FORMAT

SeC.

1. Purpose
2. Format for IHS Area Circulars
3. supersedure
4. Effective Date

MS Area Circular Exhibit 97-A - Format Illustrated

a\*

1. **PURPOSE.** To illustrate the proper format for Circulars issued by the IHS Area offices.
2. **FORMAT FOR IHS AREA CIRCULARS.** See IHM, Part 1, Chapter 1, Section 1-1.3C(3), for information regarding formatting IHS Circulars. The Area Office supplements to Circulars issued by Headquarters must cite the IHS Area and the City and State location of the Area Office in the address field of the first page, and the IHS Area office and Circular No. in the header of each subsequent page and exhibit. All other information and formatting guidance for IHS Circulars contained in the IHM, Part 1, Chapter 1, applies to IHS Area circulars.
3. **Supersedure.** List all documents that the information in the CIRCULAR is repLacing.
4. **EFFECTIVE DATE.** Cite the date that the policy/procedures included iN the IHS Area Circular is to be effective. This date is usually the date that the circular is signed by the Area Director.

Don J. Davis, M.P.H.  
Director, Phoenix Area Indian Health Service

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Distribution: Area-wide  
Date:

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TN 97-07  
( 1 0 / 3 0 / 9 7 )

## EXAMPLE - CIRCULAR APPENDIX/EXHIBIT PAGE

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Circular Appendix/Exhibit 97-00-A  
Page 1 of 1  
(00/00/00)

### EXAMPLE OF DIRECTIVES CONTROL, DISTRIBUTION, AND FILING INSTRUCTIONS

#### **CONTROL, DISTRIBUTION, AND FILING OF IHS DIRECTIVES**

Upon signature by the Director, IHS, or his/her designee, the IHS directive is returned to the MPSS for assignment of control and transmittal numbers. Copies of the directives, regardless of format, are immediately transformed via e-mail to the Policy Support Staff at Headquarters all MPSS Management Analysts, Headquarters DDCOs, and Area Office DDCOs. The Area and Headquarters Office DDCOs are responsible for further electronic transmission, or priming and duplication, of the directives to the Area Directors, Area Executive Officers, Service Unit/Health Center Directors and subject matter functional area managers within their Areas. Copies are mailed by the MPSS to tribal and urban health program contractors that appear on the Office of Tribal Programs mailing list. A copy of signed directives are filed as follows:

- A. Health Manual Chapters. The IBM chapters are filed in binders established for each part of the IBM. These binders are maintained in central locations at the Area offices and at IHS Headquarters offices, and in the Directives and Delegations Library in the MPSS office, IHS Headquarters. The original copy of each chapter and the original of the signed TNs for that chapter are filed in the directives repository file maintained in the MPSS office.
  - B. -Health Service Circulars. Copies of the IHS Circulars are filed in binders maintained in a central location at the Area offices and at IBS Headquarters offices, and in the Directives and Delegations Library in the MPSS office, IHS Headquarters. The original copies of IHS circulars are filed in the directives repository file maintained in the MPSS Office.
  - C. Special General Memorandum. The Director's SGMs are filed in sequential order of issuance in binders. The SGM binders are maintained in central locations at the Area offices and at IHS Headquarters offices, and in the Directives and Delegations Library in the MPSS office, IHS Headquarters. The original copy is filed with charge memorandums, research documents, etc., in the directives repository file maintained in the MPSS office.
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(10/30/97)

## EXAMPLE SPECIAL GENERAL MEMORANDUM

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### LETTERHEAD

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SGM 97-00

**TO:** Manual Users  
**FROM:** Director  
**SUBJECT:** Special General Memorandum Format

The Indian Health Service (IHS) has instituted the use of Special General Memorandums (SGM). The SGMs are for the use of the Director to highlight or call special attention to existing IHS policy and procedures, or to announce new policy and procedures that require immediate implementation.

Please see the IHM, Part 1, Chapter 1, Section I-1.4 for additional information regarding the use and structure of SGMs.

Michael H. Trujillo, M.D., M.P.H., M.S.  
Assistant Surgeon General

Refer to: OMS/MPSS

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(10/30/97)

## Example - IHS CIRCULAR ERRATA NOTICE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES :  
Public Health Service  
Indian Health Service  
Rokville, Maryland 20857

Refer to: OMS

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### INDIAN HEALTH SERVICE CIRCULAR NO. 97-00

#### ERRATA NOTICE FOR IHS CIRCULAR NO. 95-00

The Errata Notice format is used to advise manual users that the information contained in the Circular No. cited on the subject line is being corrected or updated with revised or additional information, or is being rescinded. A circular is rescinded when the policy, procedures, guidelines, etc., that are contained in a Circular are no longer required for reference by IHS employees, and the information IS NOT transcribed into a new or existing IHM chapter, or higher echelon-issued directive. Please see IHM 1-1, Section 1-1.9, Procedures for Rescinding IHS Manual System Directives.

When a Circular information is transcribed into a new or existing IHM chapter or MS supplement to a higher echelon issued directive, the transmittal notice for that directive would include the cancellation and disposition information for the affected Circular(s). In such instances an Errata Notice would not be necessary.

Michael H. Trujillo, M.D., M.P.H., M.S.  
Assistant Surgeon General  
Director, Indian Health Service

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Distribution: PSD 557 (Indian Health Mailing Key)  
Date:

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TN 97-07  
(10/30/97)